

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES

(Schedule E)

PAGE 1 OF 2
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) Justice Democrats PAC		FEC IDENTIFICATION NUMBER ▼ C C00630665	
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee Shorestart, LLC			Date of Public Distribution/Dissemination MM / DD / YYYY 08 / 27 / 2020		
Mailing Address PO Box 145			Amount 50000.00		
City Stone Harbor	State NJ	Zip Code 08247-0145	Transaction ID : VVAEWAQ3PY1		
Purpose of Expenditure Non-Contribution Account - Media Buy		Category/ Type	Date of Disbursement or Obligation MM / DD / YYYY 08 / 26 / 2020		
Name of Federal Candidate MORSE, ALEX, , ,		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 01 <input type="checkbox"/> President <input type="checkbox"/> Senate State: MA		
Calendar Year-To-Date Per Election for Office Sought		570000.00	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶		

Full Name of Payee Shorestart, LLC			Date of Public Distribution/Dissemination MM / DD / YYYY 08 / 26 / 2020		
Mailing Address PO Box 145			Amount 50000.00		
City Stone Harbor	State NJ	Zip Code 08247-0145	Transaction ID : VVAEWAQ3PZ9		
Purpose of Expenditure Non-Contribution Account - Media Buy		Category/ Type	Date of Disbursement or Obligation MM / DD / YYYY 08 / 26 / 2020		
Name of Federal Candidate MORSE, ALEX, , ,		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 01 <input type="checkbox"/> President <input type="checkbox"/> Senate State: MA		
Calendar Year-To-Date Per Election for Office Sought		570000.00	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶		

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	100000.00
(b) SUBTOTAL of Unitemized Independent Expenditures▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Trent, Natalie, , ,

[Electronically Filed]

Date

MM / DD / YYYY
08 / 27 / 2020

Signature

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)

PAGE	2	OF	2
FOR SE OF FORM 24/48			

NAME OF COMMITTEE (In Full) Justice Democrats PAC		FEC IDENTIFICATION NUMBER ▼ C C00630665																									
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <table border="1"> <tr> <td>M</td><td>M</td><td></td> <td>D</td><td>D</td><td></td> <td>Y</td><td>Y</td><td>Y</td><td>Y</td><td></td><td></td> </tr> <tr> <td></td><td></td><td></td> <td></td><td></td><td></td> <td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table>		M	M		D	D		Y	Y	Y	Y														
M	M		D	D		Y	Y	Y	Y																		

Full Name of Payee Shorestart, LLC		Date of Public Distribution/Dissemination <table border="1"><tr><td>M</td><td>M</td><td></td><td>D</td><td>D</td><td></td><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table> 08 / 28 / 2020		M	M		D	D		Y	Y	Y	Y																										
M	M		D	D		Y	Y	Y	Y																														
Mailing Address PO Box 145		Amount <table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table> 20000.00																																					
City Stone Harbor	State NJ	Zip Code 08247-0145	Transaction ID : VVAEWAQ3Q07																																				
Purpose of Expenditure Non-Contribution Account - Media Production Costs		Category/Type <table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>													Date of Disbursement or Obligation <table border="1"><tr><td>M</td><td>M</td><td></td><td>D</td><td>D</td><td></td><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table> 08 / 27 / 2020	M	M		D	D		Y	Y	Y	Y														
M	M		D	D		Y	Y	Y	Y																														
Name of Federal Candidate MORSE, ALEX, ,		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 01 <input type="checkbox"/> President <input type="checkbox"/> Senate State: MA																																				
Calendar Year-To-Date Per Election for Office Sought <table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table> 570000.00																										Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶													

Full Name of Payee		Date of Public Distribution/Dissemination <table border="1"><tr><td>M</td><td>M</td><td></td><td>D</td><td>D</td><td></td><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>		M	M		D	D		Y	Y	Y	Y														
M	M		D	D		Y	Y	Y	Y																		
Mailing Address		Amount <table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>																									
City	State	Zip Code	Date of Disbursement or Obligation <table border="1"><tr><td>M</td><td>M</td><td></td><td>D</td><td>D</td><td></td><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>	M	M		D	D		Y	Y	Y	Y														
M	M		D	D		Y	Y	Y	Y																		
Purpose of Expenditure		Category/Type <table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>																									
Name of Federal Candidate		<input type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input type="checkbox"/> Senate State: _____																								
Calendar Year-To-Date Per Election for Office Sought <table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>																										Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table> 20000.00																								
(b) SUBTOTAL of Unitemized Independent Expenditures▶	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>																								
(c) TOTAL Independent Expenditures.....▶	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table> 120000.00																								

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Trent, Natalie, , ,

[Electronically Filed]

Date

M	M		D	D		Y	Y	Y	Y		

08 / 27 / 2020

Signature